REQUEST FOR REIMBURSEMENT

Name of Employee: _____

Receipts must be attached to Reimbursement Request.

Date	Description of Expense	Purpose of Expense	Ministry to be charged:	Amount of each item:
				$
				$
				$
				$
				$
				$
				$
				$
				$

Enter name and subtotal for each Ministry or Account you want charged (i.e….JJM, City Life, Campus Life, PW, Admin, Dev., etc.)

#1_____ $_____

#2_____$_____

Team Leader Approved: _____

(Signature of approval from Team Leaders required for all team members and volunteer reimbursement requests)

#3_____$_____

Total Reimbursement $_____